VERMONT

AGENCY OF HUMAN SERVICES

DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
HC 2 South, 280 State Drive
Waterbury, VT 05671-2060
http://www.dail.vermont.gov
Survey and Certification Voice/TTY (802) 241-0480
Survey and Certification Fax (802) 241-0343
Survey and Certification Reporting Line: (888) 700-5330
To Report Adult Abuse: (800) 564-1612

February 11, 2019

Ms. Felicia Stinchfield, Manager
Gazebo Senior Living-Gazebo North
1530 Williston Road
South Burlington, VT 05403-6422

Dear Ms. Stinchfield:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on **January 15, 2019.** Please post this document in a prominent place in your facility.

We may follow-up to verify that substantial compliance has been achieved and maintained. If we find that your facility has failed to achieve or maintain substantial compliance, remedies may be imposed.

Sincerely,

Pamela M. Cota, RN
Licensing Chief

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0148	A. BUILDING: _____ B. WING _____	01/15/2019

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GAZEBO SENIOR LIVING-GAZEBO NORTH	1530 WILLISTON ROAD SOUTH BURLINGTON, VT 05403

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R100	Initial Comments: An unannounced re-licensing survey was conducted by The Division of Licensing and Protection on 1/14-1/15/19. The following regulatory deficiencies were identified as a result:	R100	POC 5.7b . -RN oversight nurse, Charge Nurses & Administrator will meet weekly to discuss resident status changes, and upcoming assessments due. -All assessments will be completed before or on the due date. -All assessments will be reviewed & when approved, signed by the RN. -This responsibility has been discussed with the RN, & she understands. -RN & Administrator are accountable for follow through. Felicia Stinchfield, Administrator 2/5/19	
R135 SS=B	V. RESIDENT CARE AND HOME SERVICES 5.5 Assessment 5.7.b If a resident requires nursing overview or nursing care, the resident shall be assessed by a licensed nurse within fourteen days of admission to the home or the commencement of nursing services, using an assessment instrument provided by the licensing agency. This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by staff interview, the facility Registered Nurse (RN) failed to ensure the timely review/approval of the annual assessment for 1 of 5 residents sampled, (Resident #1). The findings include the following: Per record review, Resident #1 had an annual assessment (mandated State Assessment), completed on 9/28/18. The RN review/approval was not conducted and signed until 11/15/18, some forty-eight (48) days after the assessment was completed. Licensed Practical Nurse (LPN) confirmed on 1/14/19 at approximately 3:20 PM, that the RN review was untimely. In the State Board of Nursing Scope of Practice & Decision Tree for RN, Advanced Practice	R135		

R135 - R252 POCs accepted 2/8/19 MBoutrawLRN/PHL

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R135	Continued From page 1 Registered Nurse (APRN), and LPN the following is stated: "LPN role in assessment, planning, and implementation of a strategy of care: -LPNs may not independently assess the health status of an individual or group and may not independently develop or modify the plan of care. LPNs may contribute to the assessment and nursing care planning processes; however, patient assessment and care plan development or revision remain the responsibility of the RN/APRN/licensed physician/licensed dentist. -LPNs may not modify a patient care protocol. If the situation and/or data collected by the LPN are not clearly consistent with a protocol, the LPN must consult with the supervising professional or authorized provider before taking action or making a recommendation to a patient."	R135	POC 5.9c(2) - All careplans will continue to be updated as needed to reflect resident current care needs, services, etc. The RN will review all care plans & sign when approved as the updates occur. All careplans will be updated at least annually. The RN is responsible for reviewing & approving all care plans. Administrator & RN oversight nurse are accountable - Felicia Stuningfield Administrator 2/5/19	
R145 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being; This REQUIREMENT is not met as evidenced by: Based on record review and confirmed by staff interview, the facility Registered Nurse (RN) failed to ensure that 4 of 5 residents sampled, has a written plan of care reviewed/approved,	R145		

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R145	Continued From page 2	R145		

identifying necessary care to maintain independence and well-being, (Resident # 1, #2, #4, and #5). The findings include the following:

1. Per record review, Resident #1 had a care plan update 1/14/19, that has not been reviewed/approved by the RN.

2. Per record review, Resident #2 had a care plan update 1/14/17, that was approved by the RN in 2017. The care plan has not been reviewed/approved by the RN for 2 years.

3. Per record review, Resident #4 had a care plan update by facility staff on 1/14/19. The original care plan, at the time of admission, was reviewed/approved by the RN on 1/2/19. The resident was hospitalized for four (4) days, and returned to the facility on 1/8/19. Facility staff updated the care plan on return, but the RN has not reviewed/approved the changes as outlined on the care plan.

4. Per record review Resident #5 had a care plan update 10/2/17, that was approved by the RN on 10/2/17. The care plan has not been reviewed/approved by the RN for 2 years.

Confirmation was made by the Licensed Practical Nurse (LPN), during interviews on 1/14 and 1/15/19 that the care plans have not been reviewed/approved by the RN as required.

In the State Board of Nursing Scope of Practice & Decision Tree for RN, Advanced Practice Registered Nurse (APRN), and LPN the following is stated:
"LPN role in assessment, planning, and implementation of a strategy of care:
-LPNs may not independently assess the health

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R145	Continued From page 3 status of an individual or group and may not independently develop or modify the plan of care. LPN's may contribute to the assessment and nursing care planning processes; however, patient assessment and care plan development or revision remain the responsibility of the RN/APRN/licensed physician/licensed dentist. -LPNs may not modify a patient care protocol. If the situation and/or data collected by the LPN are not clearly consistent with a protocol, the LPN must consult with the supervising professional or authorized provider before taking action or making a recommendation to a patient."	R145	POC 5.9 c (9) - a dietician consult request for resident #2 done on 1/16/19 - registered dietician made house visit on 2/2/19 - resident #2 continues with. Ensure supplements twice daily, in addition to meals offered. Wt stable fr. July 2018-Jan 2019. IBW - meeting held with kitchen manager on 1-23-19 to discuss deficiencies & diet of resident #2 - Charge nurses, caregivers & cooks made aware of diet order for resident #2. Pureed entre options will be offered at all meals. - mandatory inservice for staff is scheduled for 2/12/19. RD to present (cont'd)	
R152 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (9) Review all therapeutic diets and food allergies with dietary staff as needed to assure nutritional standards are met and are consistent with physician orders; This REQUIREMENT is not met as evidenced by: Based observation, record review and confirmed by staff interview the facility failed to ensure that 1 of 5 sampled residents, was provided the proper therapeutic diet (Resident #2). The findings include the following: Per record review, Resident #2 has a diagnosis of Esophageal Dysmotility, a condition in which the muscular tube that connects the mouth to the stomach, does not work normally and fails to properly deliver liquids and food from the mouth to the stomach. The dysfunction can cause difficulty swallowing and chest pain.	R152		

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R152	Continued From page 4 Physician orders identify the resident is to receive a pureed diet, (defined as a food which is smooth, moist and of blended texture to prevent choking or food getting stuck in the esophagus). Per observation of the noon meal on 1/14/19, Resident #2 was provided pureed soup and a serving of large curd cottage cheese. Confirmation was made by both the care providers and the cook that the cottage cheese was not pureed, but juice from peaches had been added. On 1/14/19 during the preparation of the evening meal, staff to include the cook, were asked what was going to be served to Resident #2. The response was soup. The surveyor asked the staff if additional foods were going to be served to the resident. The staff/cook read the entrées to the surveyor, who suggested they ask the resident what his/her preference was. There was a discussion with the cook and the care providers that the entrees can be pureed, and liquids can be added to make the consistency smooth. The resident assessment signed and dated on 4/16/18 by the Registered Nurse, identifies the resident is on a pureed diet. The resident care plan also identifies Resident #2's medical condition and the need for a pureed diet.	R152	PCC 5.9 c (9)-cont'd diet order reviews, including consistencies + nutrition - Kitchen manager & charge nurses are responsible for follow through. - Administrator is accountable Julia Stillfield Administrator 2/5/19	
R249 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Safety and Sanitation 7.2.d The home shall assure that food handling and storage techniques are consistent with safe	R249		

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R249	Continued From page 5 food handling practices. This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by the chief/manager, the facility has failed to store food products safely in the dietary department. The detailed findings include the following: Per tour of the dietary department in the presence of the manager on 1/14/19 at approximately 1 PM the following items were discovered to be stored/handled in an unsafe manner: -16-ounce box of cornstarch partially used opened, not sealed or dated on the open shelf; -16-ounce box of Kosher salt partially used opened, not sealed or dated on the open shelf; -28-ounce box of Cream of Wheat Cereal partially used opened, not sealed or dated on the open shelf; -15-ounce box of raisins partially used opened, not sealed or dated on the open shelf; -partially used bag of breadcrumbs partially used, sealed, but not dated as to when it was put in use on an open shelf; -5 pound bag of pecans partially used opened, not sealed or dated on the open shelf; and -32-ounce bag of cashews partially used opened, not sealed or dated on the open shelf. The manager/chef confirms during the tour that most food is used within 2-3 days, but the facility does not have a written policy for staff to follow as to the management of open partially used products.	R249	POC 7.2 d - New Policy implemented by Kitchen manager that when an item is opened, it will be placed in a Ziploc bag, & labelled with the date the item was opened. (Policy attached) - Kitchen manager responsible & accountable for follow through. Julia Stillfield Administrator 2/5/19	
R252 SS=E	VII. NUTRITION AND FOOD SERVICES	R252		

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R252	Continued From page 6 7.2 Food Storage and Equipment 7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean This REQUIREMENT is not met as evidenced by: Based on observation and confirmed by the chief/manager, the facility failed to ensure that the dietary department and equipment used to mix/toast food, is kept clean. The detailed findings are as follows: Per initial tour of the dietary department in the presence of the chief/manager on 1/14/19 at approximately 1 PM the following conditions were identified: -the large stand mixer located on the prep-table was found with visible accumulated dried food particles. Hanging from the mixer was a small white colored timer, that also had visible dried food particles; -The toaster(s) were found heavily caked with bread crumbs at the base of the unit(s); -The floor behind the prep-table had visible crumbs/chips, adjacent to a small round pest control chamber. The manager and the cook confirmed that the above identified concerns needed attention.	R252	POC 7.2 b - Kitchen manager implemented a daily cleaning schedule (attached) - per kitchen manager, mixer will be thoroughly cleaned after each use. - All kitchen cleaning processes will be routinely monitored by the Kitchen manager - Kitchen Manager, Paul Lagge, is responsible & accountable for follow through. Felicia Stinchfield Administrator 2/5/19	